Name in Full

George Dixon

Certificate of Death

Died at Town Church Creek County Dorchester MARYLAND

Date 1900	Month Day	Age Y. M. D.	Native of	Occupation
	Jan. 1	34	Maryland	Oysterman

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living 4

Husband of Wife Hattie Hughes

Father's Name Illegitimate * Mother's Maiden Name Rosa Fisher (Corrected to Dixon) *

Cause of Death — Primary Pneumonia 93 — How long sick 10 days

Immediate Asphyxia

Accident, Suicide, Homicide

Reported by C. L. Smithson M.D.

Address Church Creek Md.

* Alexander Bailey

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name In Full

Certificate of Death

Rider Henry

Died at Town Cambridge County Dorchester MARYLAND

Date Month Jan Day 13 | Age Y. 42 M. D. about | Native of Dorchester | Occupation —

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widowed~~ ~~Divorced~~ | Number of children living 4

Husband of Ocavia Sullivan

Wife

Father's Name John Campbell Henry

Mother's Name Mary Harriet Steele

Cause of Death — Primary: Debility from old age — How long sick: 4 days

Immediate: Heart failure 141

~~Accident, Suicide, Homicide~~

Reported by Humphreville

Address Cambridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full

Certificate of Death

Mrs. Higgins

Died at Town Vienna County Dorchester MARYLAND

Date 1900 Month 1 Day 23 | Age Y. 95 M. D. | Native of | Occupation

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name 72

Cause of Death — Primary: Pneumonia — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Salisbury Advertiser 1-27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79668

Name in Full

Certificate of Death

Mary P. Hooper

Died at Town Cambridge County Dorchester MARYLAND

Date 1897 Month Jan Day 4 Y. 49 M. D. Native of Dorchester Co Occupation Servant

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 7

Husband Wife of John R. Hooper

Father's Name —— Mother's Name ——

Cause of Death: Primary Nephritis How long sick 2 weeks

Immediate Depression of mind 9 4 ~~Accident, Suicide, Homicide~~

Reported by Dr. Goldsborough

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Elizabeth Frazer James

Certificate of Death

Died at 8th Dist. Town Bar County MARYLAND

Date 1900 Month Jan Day 14 | Age Y. 0 M. 7 D. 0 | Native of Bar. Co | Occupation dmfant

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living

Husband of Wife

Father's Name W H James. Mother's Name Maggie James

Cause of Death: Primary Marasmus How long sick 3 week

Immediate Purpura Haemorrhagica Accident, Suicide, Homicide

Reported by L A D Fokes m. d.

Address Conwsville md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65058

Name in Full

Philip M. Johnson

Certificate of Death

Died at Town: Hills Point County: Dor MARYLAND

Date 1900 Month: Jan Day: 14 | Age Y. 45 M. years D. | Native of Md. | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 11

Husband ~~Wife~~ of Sarah E. Johnson

Father's Name James Johnson | Mother's Name Harriet Johnson

Cause of Death: Primary Tuberculosis of lungs | How long sick 27

Immediate | Accident, Suicide, Homicide

Reported by S A Sales M D.

Address Cornersville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65953

Name In Full

Richard M. Mitchell

Certificate of Death

Town: Cambridge County: Dorchester

Died at MARYLAND

Date 19[illegible] Month: Jany Day: 24 | Age Y. 71 - M. D. | Native of Dorchester | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 7 -

Husband of Wife Margaret Mitchell

Father's Name Levin Mitchell | Mother's Name Lily Marshall

Cause of Death — Primary: Found dead in bed | ~~How long~~ sick: 15-7

Immediate: No autopsy Supposed heart trouble | ~~Accident, Suicide~~ Homicide

Reported by Mrs. Stitt

Address Cambridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70F9B

Name in Full

Certificate of Death

Willie Mowbray

Town

County

Died at Cambridge Dorchester Co., MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
	Jan	4	Age 22			Md	Housework

~~Male~~ Female | White Colored | Married ~~Single~~ | ~~Widow~~ Widower | Divorced | Number of children living 0

Husband of Wife: John Mowbray & b

Father's Name: Robt McCandliff

Mother's Name: Mc Candliff

Cause of Death — Primary: Membranous Croup. How long sick 2 days

Immediate: Exhaustion

Accident, Suicide, Homicide

Reported by: John Mace M.D.

Address: Cambridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79705

Name In Full — Certificata of Death

Sarah Emma Mowbray

Died at Town: Cambridge — County: Dorchester — MARYLAND

Data: Month: Jany — Day: 14 — Age: Y. 50 M. 2 D. 11 — Nativa of: Dorchester — Occupation: Housewife

~~Male~~ / Female — White / ~~Colored~~ — ~~Single~~ / Married / ~~Widow~~ / Widower — ~~Divorced~~ — Numbar of children living: 3

Husband of Wifa: Al. Mowbray

Father's Nama: Wm. H. Burton — Mother's Name: Hester A. Thomas

Causa of Death — Primary: Typhoid Fever / — How long sick: 3 weeks

Immediate: Intestinal Hemmorhage — ~~Accident, Suicide~~, Homicide

Reported by: Mrs Smith

Address: Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coronar, undartakar or minister.

LIBRARY BUREAU, 70898

Name in Full

Certificate of Death

Effie Stevens

Died at 8th Town Dist. County Dor. MARYLAND

Date 1900 Month Jan Day 19 Age Y. 63 M. D. Native of Dor. Co Occupation Housewife

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

~~Husband~~ Wife of Lewis Stevens

Father's Name

Mother's Name

Cause of Death { Primary

Immediate Heart disease - organic

How long sick 3 weeks

Accident, Suicide, Homicide

Reported by S A Stokes M D

Address Cornucopia Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75585

Name in Full

Annie L Wheatley

Certificate of Death

Died at Town: Cambridge County: Dorchester MARYLAND

Date ~~189~~ 1900. Month: Jany Day: 22 | Age Y. 36 M. 3 D. 6 | Native of Dorchester Co | Occupation Housekeeper

~~Male~~ / Female | White / ~~Colored~~ | Married / ~~Single~~ / ~~Widow~~ Widower / ~~Divorced~~ | Number of children living 2

Husband / Wife of Thos P. Wheatley.

Father's Name Archer Moore | Mother's Name Amanda Moore!

Cause of Death — Primary: Tuberculosis Lungs & Bowels. How long sick 3 Years

Immediate: Exhaustion Accident, Suicide, Homicide

Reported by Dr W Goldsborough MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708